STANDARD: CHILD WELL BEING

PURPOSE

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding child, youth, and young adult well being. These standards are intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all-applicable laws, rules and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

A child, youth, or young adult, who comes to the attention of child protection or children's mental health may have unmet physical, mental health or educational needs. It is the responsibility of the social worker or clinician to consider and address these areas of need throughout the life of a case.

Definitions:

Child Well Being:
For purposes of this standard, child well-being includes all aspects of screening, assessing and meeting the physical, mental health, and educational needs of a child, youth, or young adult. Child well-being also includes maintaining a child or youth's connectedness to family, supportive relationships, and the community.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):
The EPSDT program is the part of Medicaid that covers preventive health care for children, youth and young adults ages birth to 21(including the month of their 21st birthday). Well baby and child/youth check-ups include a head to toe physical and developmental screening. EPSDT will cover medical services ordered by the child/youth's physician for any physical or mental health condition found during a well-child check even if the services needed are beyond what Medicaid usually covers. For services not covered by Medicaid, a certification of medical necessity and pre-authorization are required. IDAPA rules regarding EPSDT may be found at IDAPA 16.03.09 – rules governing the Medical Assistance Program starting at section 535.

Infant Toddler Program:
The Infant Toddler Program, as part of IDHW, is the "lead agency" for children birth to three years old who qualify for early intervention services under federal education law (Part C – IDEA). Through the Infant Toddler Program, multiple agencies and programs, both public and private, coordinate activities and resources to ensure appropriate referrals, screening, assessment, and treatment of children with suspected or identified developmental delays.

STANDARDS

Child Well Being in Family Preservation In-Home Cases:
Social workers and clinicians must address well-being for children and youth, receiving in-home services if the physical, mental health, or education needs are relevant to the reason why the agency is involved with the family and whether the need to address these issues is a reasonable expectation given the circumstances of the family and the agency's involvement. For example, if a child or youth was determined to be in need of in-home services as a result of a referral alleging child physical or sexual abuse, it is reasonable to expect the agency to assist the family in locating community resources so the child or youth will receive the needed physical or mental health services.

Child Well Being in Out-of-Home Cases:
Federal funding sources requires that the agency screen and, when indicated, further assess and provide services to meet the physical, mental health and educational needs of a child, youth, or young adult when he/she is placed out of their home.

In all cases, the CFS social worker/clinician should address well being by assessing and assisting the child/youth/young adult so he/she can successfully transition through their respective stages of development.

Family Involvement and Consent for Medical Care in Out-of-Home Cases:
Whenever possible, the parent should accompany or meet the child or youth, at any medical or dental appointments and be present to sign permission for treatment. This also applies to other aspects of child well being such as mental health assessments or appointments where medication could be prescribed, developmental screenings, parent teacher education conferences, and IEP meetings.

Parent(s) or legal guardian(s) shall sign a departmental form of consent for medical care and keep the child or youth's social worker advised of where they can be reached in case of an emergency. Any refusal to give medical consent shall be documented in the case record along with the reason for the refusal.

Signing for Medical Treatment:
Whenever possible, the parent should be available and should sign for any non-routine care such as surgery. If a parent is not available to authorize surgery, and the child or youth, is in the "legal custody" of the Department, according to the Child Protective Act, (16-1602(22((d) the Department can authorize surgery "if the surgery is deemed by two (2) physicians licensed to practice in this state to be necessary for the child." In cases where the parent is not available, the surgery shall require a supervisor's signature and notification of the program manager prior to the signature.

The parent(s), or Department, if it is the guardian of the child or youth has the authority to consent to major medical care or hospitalization. In emergency cases where parents can not be located and the child is in the legal custody of the Department, but not the

guardianship of the Department, an IDHW supervisor will be the one who signs for the necessary emergency medical treatment

In the parent's absence, if a child or youth is in IDHW's custody, a social worker can sign for routine or regular care.

If a parent cannot be located or refuses to sign the Department's medical consent form for medical care, the social worker/supervisor will sign the form on the line provided for guardians. A child or youth must not go without needed services, defined under the category of child well-being, because a parent cannot be located or is refusing to sign the consent form. All controversial situations must be brought to the attention of the regional program manager. When medical care is contrary to the spiritual beliefs of the family, medical treatment can only be administered through a judge's order and must not be authorized by the signature of a Departmental employee.

Medical Emergencies:

If there is a medical emergency or serious illness, the well-being of the child, youth, or young adult is the first priority. In emergencies, the alternate care provider will immediately seek medical help and simultaneously contact the child's case worker or supervisor if the assigned case worker is not available. In turn, the case worker will contact the child or youth's parent's so they can be involved, as well as the supervisor and program manager. A critical incident report will be completed by the case manager regarding the medical emergency.

Alternate Care Provider's role in Child Well Being:

Alternate care providers are a valuable and important resource in supporting the child, youth, or young adult's well being and educational progress and goals as they assist with the following:

- Encourage and monitor completion of homework assignments;
- Attend parent teacher's conference (also include the biological parent whenever possible);
- Attend IEP meetings with the parent and social worker (Chapter 5 of the Idaho Special Education Manual states, "A foster parent may act as a parent if the natural parent's authority to make educational decisions on behalf of his or her child has been terminated by law. A foster parent must be an individual who has been residing with the student at least 6 months, is willing to make educational decisions required of a parent, and has no interest that would conflict with the interests of the student.");
- Keep the social worker apprised of the educational progress and needs of the child, youth or young adult;
- Work with the school regarding day-to-day school attendance and academic performance;
- Encourage the child, youth, or young adult with life skill development opportunities;
- Support the child, youth, or young adult with birth family connections whenever possible;

- Support the child, youth, or young adult with positive community connections.

Resource families may transport and accompany children, youth and young adults to medical and dental appointments. However, must not sign consents for treatment. The parent or IDHW social worker provides treatment consent.

Alternate care providers will follow the prescribed directions of a qualified medical provider, who is designated by the parent and/or the child or youth, or young adult's case worker, when administering medication. A resource family shall not discontinue or in any way change the medication provided to a child, youth or young adult unless directed to do so by a qualified medical professional.

Likewise, a resource family will not change the child, youth, or young adult's Healthy Connection medical provider or counselor without approval and notification from the legal parent and assigned case worker. At all times, alternate care providers will keep the assigned social worker apprised of the child, youth, or young adult's physical needs, and of any change in medication or treatment.

Medical Coverage for Children, Youth and Young Adults in Alternate Care:
Most children, youth, and young adults placed in alternate care are eligible for a medical card. Regardless of the funding source, every child in alternate care will receive medical care and have his/her medical needs met.

Medical Examination upon Entering Alternate Care:
Within thirty (30) days of entering alternate care, a child or youth, will receive a medical examination to assess their health status. Thereafter, a child, youth, or young adult will receive additional medical examination or treatment according to a schedule prescribed by their physician or other health care professional.

EPSDT Screening:
Children, youth and young adults in alternate care will participate in Medicaid's Early Periodic Screening, Diagnosis and Treatment (EPSDT). Children or youth already receiving Medicaid at the time of placement shall be screened within thirty (30) days of placement. Children or youth not receiving Medicaid at the time of placement shall receive a screening within thirty (30) days from the date Medicaid eligibility is established. The assigned social worker shall be responsible for completion of the EPSDT screening, and shall coordinate services if needs are determined.

Referrals to the Infant Toddler Program:
Any time there are suspected developmental delays, a child age birth to three years old, shall be referred to the Infant Toddler Program.

The federal Child Abuse Prevention and Treatment Act, requires that all children, birth to three years of age, who are the subject of a substantiated referral, be referred to the Infant Toddler Program for an evaluation and eligibility determination for services. Please see

the standard for "Substantiated Reports of Children Birth to Three" for more information regarding the referral process.

Immunizations:
A child or youth's immunization record will be reviewed and all immunizations will be brought up-to-date with the proposed immunization schedule.

If parents refuse to authorize immunizations for their child or youth, a decision to immunize will be made on a case by case basis, following the doctor's recommendations and history of previous immunizations. The case manager must explore and document the reasons for the parents' refusal.

In cases where parents do not want to immunize their child or youth the social worker will address their concerns during the case planning or review hearing in an effort to receive a judge's ruling on immunizing the child.

Dental Care:
All children or youth 3 years of age or older, placed in alternate care shall receive a dental examination as soon as possible after placement but not later than ninety (90) days after placement, and thereafter according to a schedule prescribed by the dentist. If a child is under the age of three years, he/she must receive dental services if there are indications of dental problems or service needs.

Children, youth and young adult's dental needs will be addressed, based on the recommendations of the dentist. If dental care, not included in the state medical assistance program is recommended, a request for payment shall be submitted to the state Medicaid dental consultant. For children or youth in shelter care, emergency dental services shall be provided and paid for by the Department, if there are no other financial resources available.

Vision:
Screening will be completed by the child, youth, or young adult's school or a medical provider unless otherwise indicated by a child's need.

Hearing:
Screening will be completed by the child, youth, or young adult's school or medical provider unless otherwise indicated by a child's need.

Medication:
Whenever possible, the child or youth's parents or guardians should be involved, consulted, and advised when medication is prescribed. Parents and resource families should know which medications a child or youth, is taking, the purpose of the medication, directions for administering the medication, and any side effects that could occur as a result of the medication. Youth, and young adults in particular, shall be educated regarding their medications, including the need for the medication and its prescribed use.

Mental Health In-Home cases:
The mental health needs of children or youth that have been traumatized by child abuse or neglect, should be assessed as a component of the child comprehensive risk assessment process. When addressing mental health issues for an in-home case, a social worker should consider whether the mental health needs are relevant to the reason the agency is involved with the family and whether the need to address mental health issues is a reasonable expectation given the circumstances of the family and the agency's involvement. For example, if the referral indicates mental health concerns or during the comprehensive risk assessment process a child, youth, or young adult is exhibiting mental health symptoms, a referral should be made for a mental health screening and/or assessment.

Mental Health in Out-of-home cases:
All children or youth, age three and older, placed in alternate care shall receive a mental health screening, and if recommended, a full mental health assessment. Children or youth, shall be referred for mental health treatment as recommended by the assessment. Children age 3 and under who are the subject of a substantiated child abuse referral shall have their mental health needs assessed through the Infant and Toddler Program.

Mental Health Assessments in Level III Placements:
All children, youth, and young adults requiring foster care, at a level III or higher, must receive a mental health assessment.

Education:
Children, 3 years of age or older with suspected developmental delays, will be referred to their local school district for screening.

Social workers shall advocate to obtain identified educational services for children, youth, and young adults. This might include arranging for priority testing for special education, participation in individual educational program development (IEP), special classes or meeting with school personnel to address the child, youth, or young adult's academic performance. The social worker shall include the birth/legal parents and resource parents whenever possible in this process. Regarding IEP development, Chapter 5 of the Idaho Special Education Manual defines "parent" as, "a natural or adoptive parent, a legal guardian, a person acting as a parent, or a surrogate parent who has been appointed by the district. The term 'acting as a parent' includes persons such as a grandparent or stepparents with whom the student lives as well as persons who are legally responsible for a student's welfare. **The term does not include state agency personnel if the student is a ward of the state.** A foster parent may act as a parent if the natural parent's authority to make educational decision on behalf of his or her child has been terminated by law. A foster parent must be an individual who has been residing with the student at least 6 months, is willing to make educational decisions required of a parent, and has no interest that would conflict with the interests of the student." Though social workers are not authorized to sign IEP's, their continued participation in the process, and advocacy for the educational needs of the foster child is essential.

Every child, youth, or young adult in the custody of IDHW will attend an accredited public or private school. If a youth is 16 years of age and has previously dropped out of school with his/her parent's permission, the youth will participate in an independent living plan that will address his/her education (GED) and/or training.

Documentation of Child Well Being:
Information regarding a child, youth, or young adult's physical health, mental health, and education must be entered on the screens in FOCUS.

Any variance to these standards will be documented and approved by Division Administration, unless otherwise noted.